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Practitioner's Docket No. 116734.6

PATENT

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

|           |   |          |                      |
|-----------|---|----------|----------------------|
| Applicant | <i>Legerton et al.</i>  | Examiner | <i>S. Sugarman.</i>  |
| S/N       | <i>09/894,351</i>   | Art Unit | <i>2873</i>          |
| Filed     | <i>06/27/2001</i>   | Date     | <i>July 21, 2005</i> |
| For       | <i>Contact lens and methods of manufacture and fitting such lenses and computer program product</i> |          |                      |

Mail Stop Amendments  
 Commissioner For Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

**TRANSMITTAL**

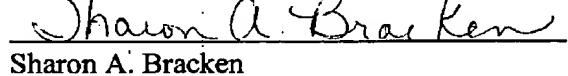
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**PLEASE FORWARD DIRECTLY TO EXAMINER Scott J. Sugarman****CERTIFICATION OF FACSIMILE**

I hereby certify that, on the date below, this correspondence is being facsimile transmitted to the United States Patent and Trademark Office @ (571) 273-8300.

Date: July 21, 2005

  
Sharon A. Bracken

Akron - 98058.1



|   |                                |          |                |             |            |            |
|---|--------------------------------|----------|----------------|-------------|------------|------------|
| Attorney Docket No.   | 11673-10                       | Initials | SLW (initials) | Date        | 10/2005    |            |
| Inventor/Assignee   | Contact lens + KREATIONS OF ME |          |                |             | Serial No. | 09/274,351 |
|   |                                |          |                | Filing Date | 12-8-2004  |            |
| <input type="checkbox"/> PATENT/DESIGN APPLICATION                                |                                |          |                |             |            |            |
| PCT Specification   |                                |          |                |             |            |            |
| PCT Claims  |                                |          |                |             |            |            |
| Total _____ Independent _____   |                                |          |                |             |            |            |
| Page Abstract   |                                |          |                |             |            |            |
| Sheets of Drawings  |                                |          |                |             |            |            |
| Formal _____ Informal _____   |                                |          |                |             |            |            |
| Declaration/Power of Attorney   |                                |          |                |             |            |            |
| Small Entity Status   |                                |          |                |             |            |            |
| Copy of Notice to File Missing Parts  |                                |          |                |             |            |            |
| PCT Request   |                                |          |                |             |            |            |
| Fee Calculation Sheet   |                                |          |                |             |            |            |
| Demand for PCT Examination  |                                |          |                |             |            |            |
| Base Issue Fee  |                                |          |                |             |            |            |
| <input type="checkbox"/> AMENDMENT (Due: 12-8-2004)                               |                                |          |                |             |            |            |
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| <input checked="" type="checkbox"/> OTHER (check if applicable)<br>No return card |                                |          |                |             |            |            |
| RECEIPT IS HEREBY ACKNOWLEDGED  |                                |          |                |             |            |            |

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